

FIG. 1

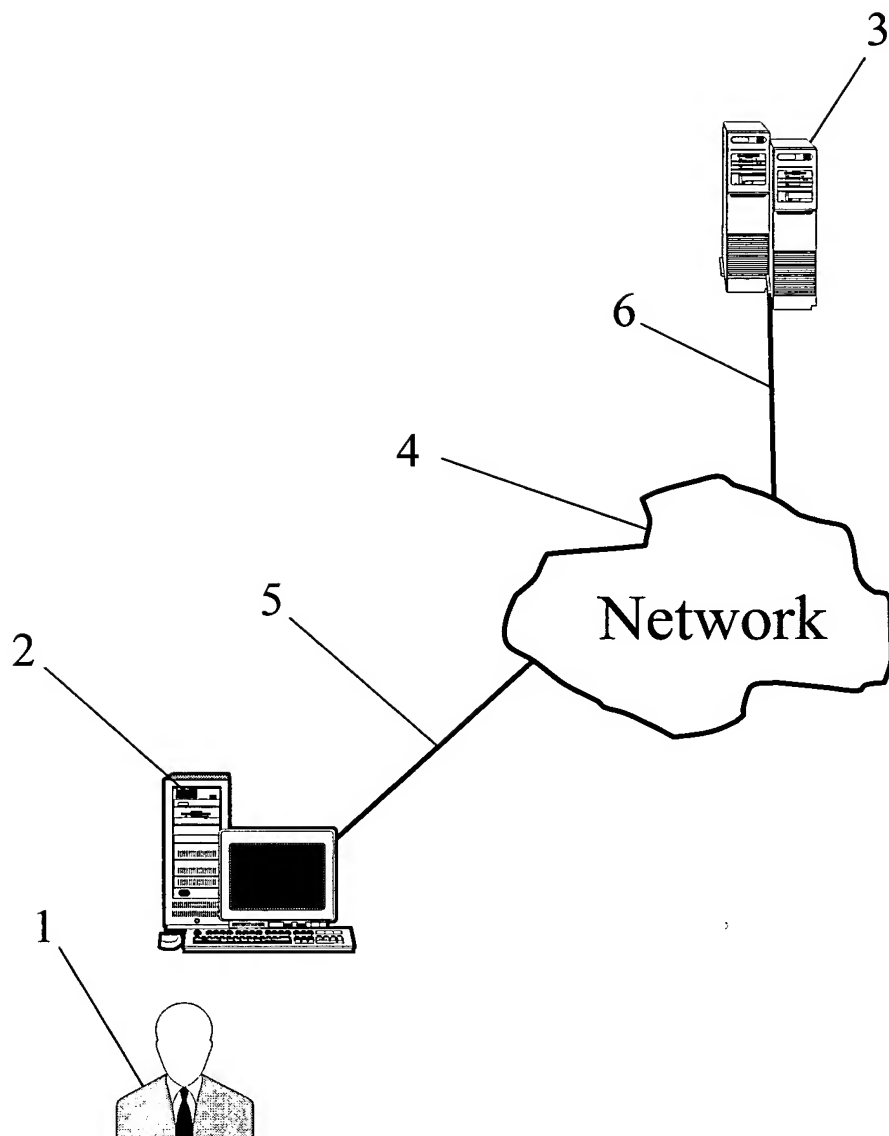


FIG. 2

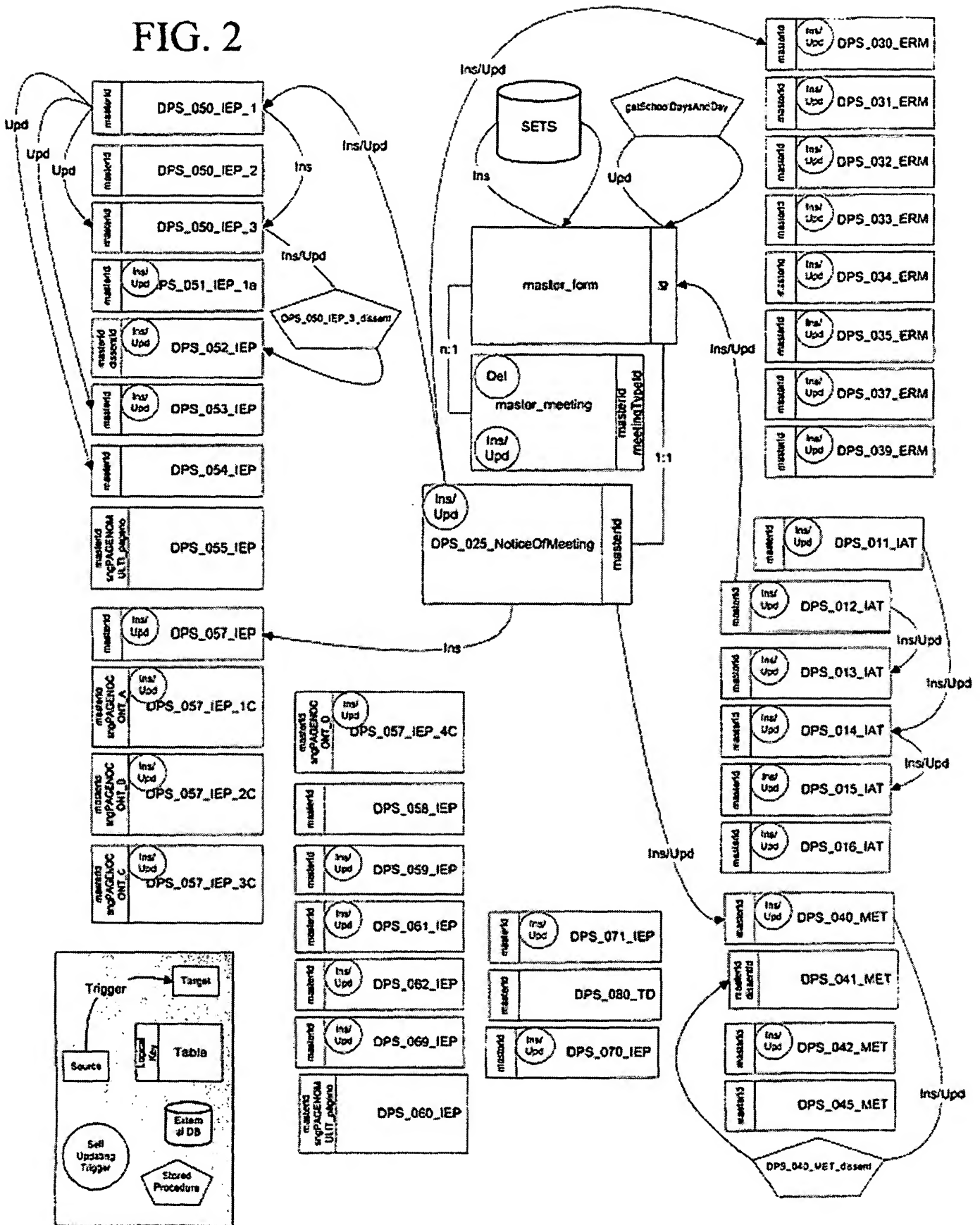
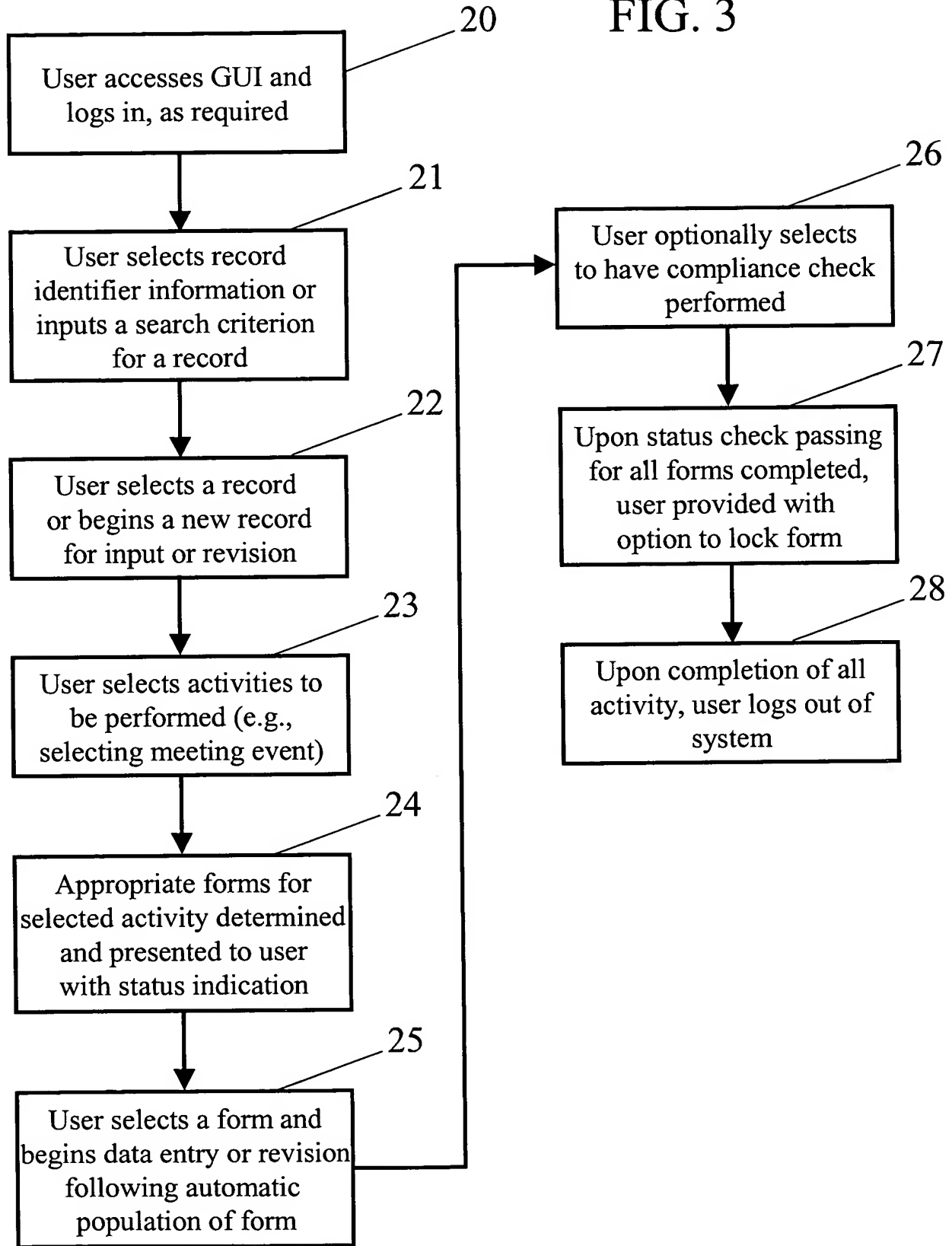


FIG. 3



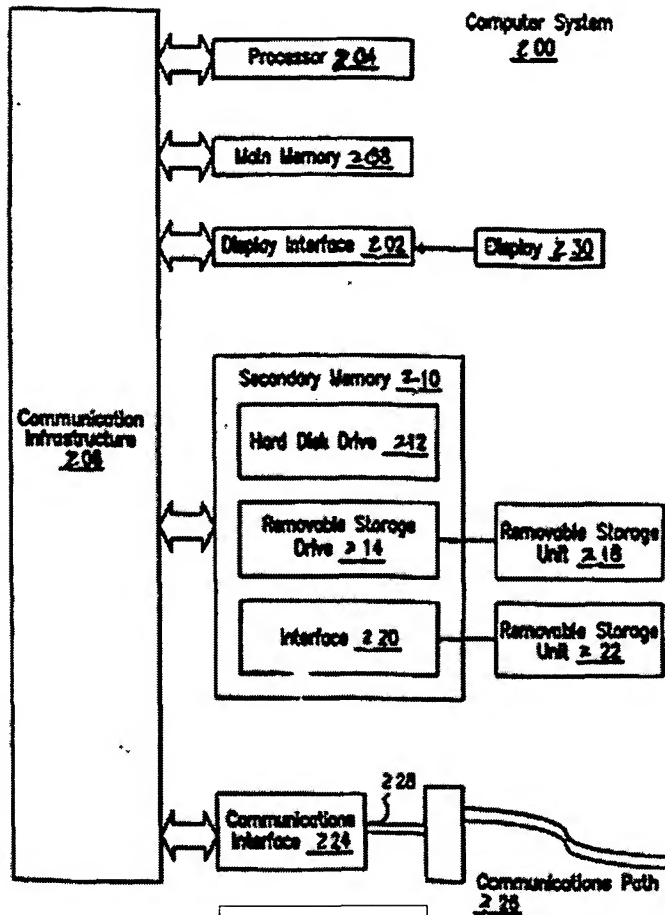


FIG. 4

FIG. 5

Green shaded fields

Purple/
salmon
shaded
fields

Yellow
shaded
fields

Last Updated By :		DRAFT	
WINSTON-SALEM/FORSYTH COUNTY SCHOOLS		DEC 4 (4 of 4)	
Student Name	A	Student ID#	07/29/2002
Duration: Special Education and Related Services: From		To	

C. Continuum of Alternative Placements: Check the alternative placements considered by the committee, and circle the decision reached.

<input type="checkbox"/> Regular - 80% or more of the day with non-disabled peers	<input type="checkbox"/> Private Separate School	<input type="checkbox"/> Change in placement <input type="checkbox"/> Modified Day
<input type="checkbox"/> Resource - 40% - 79% of day with non-disabled peers	<input type="checkbox"/> Public Residential	
<input type="checkbox"/> Separate - 39% or less of the day with non-disabled peers	<input type="checkbox"/> Private Residential	
<input type="checkbox"/> Public Separate School	<input type="checkbox"/> Home/Hospital	

D. If the student will be removed for any part of the day (regular class, extracurricular, non-academic activities) or 4 Period HIS from students without disabilities, explain why:

VI. Explain how and when parents will be informed of the student's progress toward annual goals:

Quarterly Progress Reports _____

VII. Extended School Year Status

☐ Is not eligible for ESY
☐ Is eligible for ESY
☐ Eligibility is under consideration and will be determined by _____

VIII. IEP Team. The following were present and participated in the development and writing of the IEP.

Signature	Position	Date
_____	Parent	_____
_____	IEP Representative	_____
_____	Regular Education Teacher	_____
_____	EC Teacher	_____

IX. IEP Addendum Team Committee. The following were present and participated in the development and writing of the addendum. Purpose: _____

Signature	Position	Date
_____	Parent	_____
_____	IEP Representative	_____
_____	Regular Education Teacher	_____
_____	EC Teacher	_____

X. Reevaluation

This IEP was reviewed at reevaluation and was found to be appropriate. An annual review of this IEP will be concluded on or before _____

Signature	Position	Date
_____	Parent	_____
_____	IEP Representative	_____
_____	Regular Education Teacher	_____
_____	EC Teacher	_____

Save and Print

Save

Reset

7.01

FIG. 6

Changes
to yellow
upon
completion

Last Updated By :		DRAFT															
WINSTON-SALEM/FORSYTH COUNTY SCHOOLS		DEC 4 (4 of 4)															
Student Name	A A	Student ID# 07/29/2002															
Duration: Special Education and Related Services: From _____ To _____																	
<p>C. Continuum of Alternative Placements: Check the alternative placements considered by the committee, and circle the decision reached.</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Regular - 80% or more of the day with non-disabled peers</td> <td><input type="checkbox"/> Private Separate School</td> <td rowspan="2" style="vertical-align: middle; text-align: center;">Change in placement <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Resource - 40% - 79% of the day with non-disabled peers</td> <td><input type="checkbox"/> Public Residential</td> </tr> <tr> <td><input type="checkbox"/> Separate - 19% or less of the day with non-disabled peers</td> <td><input type="checkbox"/> Private Residential</td> <td rowspan="2" style="vertical-align: middle; text-align: center;">Modified Day <input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Public Separate School</td> <td><input type="checkbox"/> Home/Hospital</td> </tr> </table>			<input checked="" type="checkbox"/> Regular - 80% or more of the day with non-disabled peers	<input type="checkbox"/> Private Separate School	Change in placement <input type="checkbox"/>	<input type="checkbox"/> Resource - 40% - 79% of the day with non-disabled peers	<input type="checkbox"/> Public Residential	<input type="checkbox"/> Separate - 19% or less of the day with non-disabled peers	<input type="checkbox"/> Private Residential	Modified Day <input type="checkbox"/>	<input type="checkbox"/> Public Separate School	<input type="checkbox"/> Home/Hospital					
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<input type="checkbox"/> Public Separate School	<input type="checkbox"/> Home/Hospital																
<p>D. If the student will be removed for any part of the day (regular class, extracurricular, non-academic activities) or 4 Period IIS from students without disabilities, explain why:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																	
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Signature	Position	Date															
_____	Parent	_____															
_____	LEA Representative	_____															
_____	Regular Education Teacher	_____															
_____	EC Teacher	_____															
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_____	Parent	_____															
_____	LEA Representative	_____															
_____	Regular Education Teacher	_____															
_____	EC Teacher	_____															
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Signature	Position	Date															
_____	Parent	_____															
_____	LEA Representative	_____															
_____	Regular Education Teacher	_____															
_____	EC Teacher	_____															
Save and Print	Save	7/01 Reset															

Purple/
salmon
shaded
field

WSSETS Farm

ica Neighborhood Program

User name: 4glsupport

Password:

Domain: wssets

☐ Save Password

OK Cancel

152

154

FIG. 8

Welcome to EZ Compliance Forms

by 4GL School Solutions Inc.

User Name : 162

Password : 164

166

FIG. 9

EZ FORMS - Citrix ICA Client
SETS Form Writer by 4GL - Microsoft Internet Explorer

Admin | Return to last search | Select new student | Logout

Student Search Criteria

First Name:

Last Name:

DOB:

SSN:

Student ID:

IEP School:
9999 - Temporary School (Training) | Training Region

Search

FIG. 10

SEIS Form Writer by JGL - Microsoft Internet Explorer

Admin | Return to last search | Select new student | Logout

SETS: EZ Compliance - Forms Writer

Student Search Criteria

First Name:

Last Name:

DOB:

SSN:

Student ID:

TEP School:

182

Done Internet

FIG. 11

170

192

Admin | [Return to last search](#) | [Select new student](#) | [Logout](#)

Student ID	SSN
356139	242553730
979224	239752380
979495	239751009
378279	237670085
468009	241492318
632992	241414427
978143	240579304
193370	242497034
458928	244731322
218187	244558401

FIG. 12

190

194

EZ FORMS - Citrix ICA Client
SETS Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799
Admin | Return to last search | Select new student | Logout

Special Ed
Intervention

Meeting | Event
Student Profile

List
Add Meeting / Event

Filter
show all

Date	Meeting / Event Type	Forms	Status
06/	ERM Initial IEPT Initial IEPT Post-Initial ERM Reveal (3yr) MET Reveal (3yr) IEPT Reveal (3yr)		Draft
05/16/2002	MET Initial		Draft
05/16/2002	IEPT Initial		Draft

Local Intranet
3:09 PM

FIG. 13

EZ FORMS - Citrix ICA Client
SEIS Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799 Admin | Return to last search | Select new student | Logout

Special Ed
Intervention

Meeting Events
Student Profile

Details
Compliance: ☐ Check

06/13/2002 [Draft]

EXEC ListMeetingForm 15,1,0, 1
ERM Initial

Form Name	Form Rule	Form Status	Delete Event
✓ Notice Of Meeting (06/13/2002) <input type="checkbox"/> Lock	◆ Required	Compliant	
Special Education Referral/Evaluation Review/Consent Form		blank form	
Special Education Direct Referral/ Consent Form		blank form	
* Request For Records	○ Optional	Non-Compliant	X delete
* Release Of Information	○ Optional	Non-Compliant	X delete
* Evaluation Extension	○ Optional	Non-Compliant	X delete
IEPT Post-Initial			Delete Event
IEPT Report Pages 1 & 2	◆ Required	blank form	
IEPT Report Pages 2 & 4	◆ Required	blank form	
IEPT Report Pages 5, & 6	◆ Required	blank form	

Local intranet

212

FIG. 14

210

SEIS Form Writer by 4GL - Microsoft Internet Explorer

Admin | Return to last search | Select new student | Logout
© 2000 4GL School Solutions, Inc.

Special Ed

222

Meeting | Event

Student Profile

List

Add Meeting / Event

All Events | All IE's | Filter

Date	Meeting / Event Type	Forms	Status
04/05/2002	Additional Testing Summary	DEC3, DEC5	Draft
04/01/2002	Addendum	DEC4, Transition, BIP	Released
12/20/2001	Addendum	DEC4, Transition, BIP	Released
12/17/2001	Annual Review	DEC4, Transition, BIP	Released

FIG. 15

EZ FORMS - Citrix ICA Client
SETS Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799
Admin | Return to last search | Select new student | Logout

Special Ed
Intervention

Meetings / Events
Student Profile

First Name: SEVEN Last Name: FORMS Student ID: 70799 DOB: 01/01/1993 Grade: 04 Sex: F	MI: SSN: AGE: Race: U
Address: City: State:	Zip:
ESY: Category: Related Services: IEP Start Date: Last Re-Eval Date:	Amount of Service: Placement: IEP End Date:
Attending School Number: 9999 Attending School Name: Temporary School (Training)	

Done
Local Intranet

FIG. 16

248



Admin | [Return to last search](#) | [Select new student](#) | [Logout](#)

242

244

246

Student ID	SSN
465586	448654998
46456	896559798
4544585	454868498
9999999	165248955
12345	212908720
4646589	948465987
4656464	513152155
45548978	465484564
4645864	465858512
999689	465696465
465645	465585345
46565686	465988568

FIG. 17

240

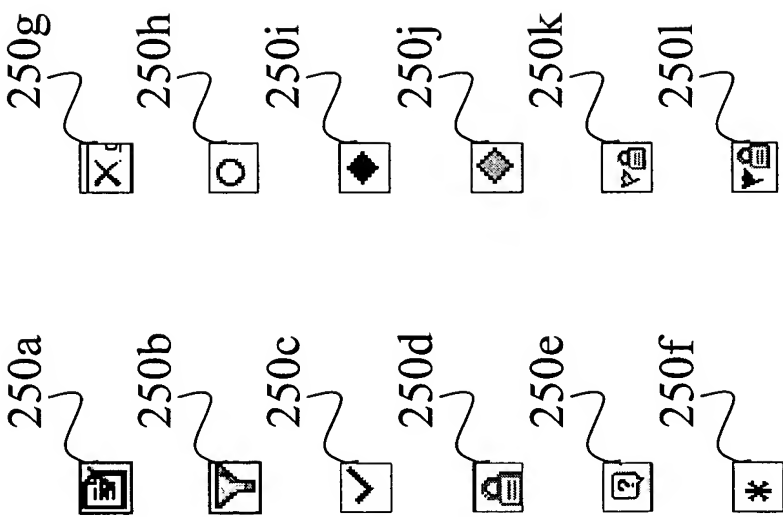


FIG. 18

EZ FORMS - Citrix ICA Client
SETS Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799
Admin | Return to last search | Select new student | Logout

Special Ed
Intervention

Meeting | Event
Student Profile

List
Add Meeting / Event

Filter
show all

Date	Meeting / Event Type	Forms	Status
05/16/2002	MET Initial		Draft
05/16/2002	IEPT Initial		Draft
05/10/2002	ERM Initial IEPT Post-Initial ERM Reeval (3yr) MET Reeval (3yr) IEPT Reeval (3yr)		Draft

Local Intranet

262

FIG. 19

260

SEVEN FORMS - Citrix ICA Client
SEIS Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799
Return to last search | Select new student | Logout

5/13/2002 8:35 am
Detroit Public Schools
Department of Student Support Services
NOTICE OF MEETING

Last Updated By : dpguest
Date: 05/13/2002

Forms
Tom
Name
7777
Address
Detroit
City,
MI 66666
State, zip code

Student: SEVEN FORMS
DOB: 01/01/1993 Gender:
ID# 196978 Clinic #
Grade: Program:
School:

Dear Mr. Forms
You are invited to a meeting on: 05/16/2002, Thu at 9:00 pm
Location: SCB Phone: 555-1212
Address: 1111 Detroit MI 44444
City, State, zip code

This meeting will be:
A. ☐ An Evaluation Review: Meeting to review existing data and develop an evaluation plan in order to determine:
☐ if your child needs special education programs/services. Your input is important and your consent is required.
Is this a direct referral? ☐ Yes ☐ No

124% 1 of 1 8.5 x 11 in. Done Local Intranet

282

FIG. 21

280

SEIS Form Writer by IGI - Microsoft Internet Explorer

Admin | Return to last search | Select new student | Logout

SEIS: EZ Compliance - Forms Writer

Student Search Criteria

First Name:

Last Name:

DOB:

SSN:

Student ID:

IEP School:

292

294

296

FIG. 22

290

SEIS Form Writer by 4GL - Microsoft Internet Explorer

SETS: EZ Compliance - Forms Writer

Admin | Return to last search | Select new student | Logout

Student Search Results...

Click on Student Name to view/update information.

Student Name	Student ID	SSN
1 SMITH, AARON	356132	242553230
2 SMITH, ALEX	979224	239752380
3 SMITH, ALEXANDER	979495	239751002
4 SMITH, ALEXANDER	379272	237670085
5 SMITH, ALLEN	468002	241492318
6 SMITH, ALONZO	632922	241414427
7 SMITH, AMANDA	979143	240579304
8 SMITH, AMBER	193370	242497034
9 SMITH, ANDREW	458928	244791322
10 SMITH, ANNA	218187	244558401
11 SMITH, ANNA	979221	238754076
12 SMITH, ANTONIO	204137	243474316
13 SMITH, ANTONIO	951503	246877033
14 SMITH, APRIL	660101	237577389
15 SMITH, AUSTIN	959867	238834363
16 SMITH, BELVIN	128092	243556315
17 SMITH, BENJAMIN	325749	246532758
18 SMITH, BERNARD	959812	340335095
19 SMITH, BOBBIE	596367	81682356
20 SMITH, BOBBY	193236	242433510

Records 1 - 20 out of 163

Next >

302

304

306

FIG. 23

300

EZ FORMS - Citrix ICA Client

SETS Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799

Admin | Return to last search | Select new student | Logout

* Special Ed

Intervention

Meeting / Events

Student Profile

► * Select one stand-alone event -or- multiple events which take place on the same date, then click CREATE

Meeting / Event Type	Forms
<input checked="" type="checkbox"/> ERM Initial	
<input type="checkbox"/> MET Initial	322
<input type="checkbox"/> IEPT Initial	
<input type="checkbox"/> IEPT Post-Initial	
<input type="checkbox"/> ERM Reeval (3yr)	324
<input type="checkbox"/> MET Reeval (3yr)	
<input type="checkbox"/> IEPT Reeval (3yr)	

Done

Local intranet

FIG. 25

IEZ FORMS - Citrix ICA Client

SEIs Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799 Admin | Return to last search | Select new student | Logout

Special Ed Intervention

Meeting / Events Student Profile

*** Select one stand-alone event - or - multiple events which take place on the same date, then click CREATE

Meeting / Event Type	Forms
<input checked="" type="checkbox"/> ERM Initial	334
<input type="checkbox"/> MET Initial	
<input type="checkbox"/> IEPT Initial	
<input type="checkbox"/> IEPT Post-Initial	
<input type="checkbox"/> ERM Reeval (3yr)	
<input type="checkbox"/> MET Reeval (3yr)	
<input type="checkbox"/> IEPT Reeval (3yr)	

Done Local intranet

332

FIG. 26

330

EZ FORMS - Citrix ICA Client

SEIS Form Writer by 4GL - Microsoft Internet Explorer

Return to last search | Select new student | Logout

Student: **SEVEN FORMS ID: 70799**

← 05/13/2002 ERM Initial

DRAFT

Detroit Public Schools Department of Student Support Services NOTICE OF MEETING

Last Updated By:

Date: 05/13/2002

Name	Address	City	State	Zip code
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

Student: SEVEN FORMS

DOB: 01/01/1993 Gender: [Redacted]

ID# 196978 Clinic # [Redacted]

Grade: [Redacted] Program: [Redacted]

School: [Redacted]

☐ Invite the student.

You are invited to a meeting on: [Redacted] at [Redacted]

Location: [Redacted]

Address: [Redacted]

This meeting will be:

A. ☒ An Evaluation Review Meeting to review existing data and develop an evaluation plan in order to determine:
☒ if your child needs special education programs/services. Your input is important and your consent is required.

Is this a live performance? Yes No

1 of 1

122%


Contains commands for manipulating windows.

EZ FORMS - Citrix ICA Client
SETS Form Writer by 4GL - Microsoft Internet Explorer


Student: SEVEN FORMS ID: 70799 Admin | Return to last search | Select new student | Logout

Special Ed Intervention Student Profile



Meeting | Events

ERM Initial 05/13/2002 [Draft ]

►* Select an event which OCCURS AT THE SAME TIME AS THE OTHER EVENTS(S) FOR THIS DATE, then click **CREATE**.

To create a stand-alone event, go back to the [Meeting | Event] list  364

Meeting / Event Type	Forms
<input type="radio"/> ERM Initial	
<input type="radio"/> MET Initial	
<input type="radio"/> IEPT Initial	
<input type="radio"/> IEPT Post-Initial	
<input type="radio"/> ERM Reeval (3yr)	
<input type="radio"/> MET Reeval (3yr)	
<input type="radio"/> IEPT Reeval (3yr)	

 Done  Local Intranet

362

FIG. 29

360

EZ FORMS - Citrix ICA Client
SETS Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799
Admin | Return to last search | Select new student | Logout

Special Ed
Intervention
Student Profile

Meeting | Events
Details
Compliance: ☐ Check

05/13/2002 [Draft]

EXEC ListMeetingForm 45,1,0, 1

ERM Initial

Form Name	Form Rule	Form Status	Delete Event
New Notice Of Meeting	◆ Required	blank form	
Special Education Referral/Evaluation Review/Consent Form		blank form	
Special Education Direct Referral/ Consent Form		blank form	
Request For Records	○ Optional	blank form	
Release Of Information	○ Optional	blank form	
Evaluation Extension	○ Optional	blank form	
MET Initial			Delete Event
MET Report	◆ Required	blank form	
Summary Reports	◆ Required	blank form	
Evaluation Request	◆ Required	blank form	

Local Intranet

372

FIG. 30

370

SE7S Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799 Admin | Return to last search | Select new student | Logout

* Special Ed Intervention Student Profile

Meeting Events Details Compliance: ☐ Check

05/13/2002 [Draft] ▶ * ADD EVENT TO THIS MEETING

EXEC ListMeetingForm 45,1,0, 1

ERM Initial

Form Name	Form Rule	Form Status	Delete Event
New Notice Of Meeting	◆ Required	blank form	
Special Education Referral/Evaluation Review/Consent Form		blank form	
Special Education Direct Referral/ Consent Form		blank form	
Request For Records	○ Optional	blank form	
Release Of Information	○ Optional	blank form	
Evaluation Extension	○ Optional	blank form	
MET Initial			Delete Event
MET Report	◆ Required	blank form	
Summary Reports	◆ Required	blank form	
Evaluation Request	◆ Required	blank form	

Local intranet

FIG. 31

EZ FORMS - Citrix ICA Client

SPLS Form Writer by 4GL - Microsoft Internet Explorer

Student: SEVEN FORMS ID: 70799 Admin | Return to last search | Select new student | Logout

Meeting | Events Student Profile Compliance: ☐ Check

Details

05/13/2002 [Draft] 392 ** ADD EVENT TO THIS MEETING

EXEC ListMeetingForm 45,1,0, 1

ERM Initial

Form Name	Form Status	Delete Event
New Notice Of Meeting	blank form	
Special Education Referral/Evaluation Review/Consent Form	blank form	
Special Education Direct Referral/ Consent Form	blank form	
Request For Records	blank form	
Release Of Information	blank form	
Evaluation Extension	blank form	
MET Initial		
MET Report	blank form	
Summary Reports	blank form	
Evaluation Request	blank form	

Microsoft Internet Explorer

Delete Meeting - MET Initial ?

OK Cancel

javascript: doSubmit(99,75,MET Initial);

Local Intranet

FIG. 32

SETS Form Writer by 4GL - Microsoft Internet Explorer

Student: EIGHT FORMS ID: 80899 Admin | Return to last search | Select new student | Logout

* Special Ed Intervention Student Profile Compliance: ☐ Check

Meeting Events Details

05/30/2002 [Draft] ☒

EXEC ListMeetingForm 48,1,0, 1

ERM Initial

Form Name	Form Rule	Form Status	Delete Event
<input checked="" type="checkbox"/> Notice Of Meeting (05/14/2002)	◆ Required	Released	
<input checked="" type="checkbox"/> Notice Of Meeting (05/30/2002)	◆ Required	Released	
<input checked="" type="checkbox"/> New Notice Of Meeting		blank form	414
<input checked="" type="checkbox"/> Special Education Referral/Evaluation Review/Consent Form	◆ Required	Compliant	
<input checked="" type="checkbox"/> Request For Records	○ Optional	Compliant	X delete
<input checked="" type="checkbox"/> Release Of Information	○ Optional	Compliant	X delete
<input checked="" type="checkbox"/> Evaluation Extension	○ Optional	Compliant	X delete

☒ To get access to the applicable forms please complete and lock the Notice of Meeting.

Local Intranet

412

FIG. 34

410

Student: EIGHT FORMS ID: 80899

Admin | [Return to last search](#) | [Select new student](#) | [Logout](#)

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***Special Ed**

Intervention

Meeting | Events

Student Profile

Details

Compliance:

06/10/2002 [Draft 国]

▶ # ADD EVENT TO THIS MEETING

EXEC ListMeetingForm 51,1,0, 1

IEPT Post-Initial

Delete Event


	Form Name	Form Rule	Form Status
✓	Notice Of Meeting (06/10/2002)  Lock	◆ Required	Compliant
✓	IEPT Report Pages 1 & 2	◆ Required	Compliant
✓	IEPT Report Pages 2 & 4	◆ Required	Compliant
✓	IEPT Report Pages 5 & 6	◆ Required	Compliant
✓	Behavior Manifestation Determination	○ Optional	Compliant X delete
✓	Annual Goals and Short Term Objectives #1 - Enter text here	◆ Required	Compliant

FIG. 35

420

SEIS Form Writer by 4GL - Microsoft Internet Explorer

Student: EIGHT FORMS ID: 80899 Admin | [Return to last search](#) | [Select new student](#) | [Logout](#)

*** Special Ed** Intervention

[Meeting Events](#) [Student Profile](#)

[Details](#) Compliance: ☐ Check

06/10/2002 [Draft ☐] *** ADD EVENT TO THIS MEETING**

Check: PASSED ☐ Lock

☒ Clear Window

EXEO ListMeetingForm 51,1,0, 1

IEPT Post-Initial Delete Event

Form Name	Form Rule	Form Status
<input checked="" type="checkbox"/> Notice Of Meeting (06/10/2002) <input type="checkbox"/> Lock	◆ Required	Compliant
<input checked="" type="checkbox"/> IEPT Report Pages 1 & 2	◆ Required	Compliant
<input checked="" type="checkbox"/> IEPT Report Pages 2 & 4	◆ Required	Compliant
<input checked="" type="checkbox"/> IEPT Report Pages 5 & 6	◆ Required	Compliant

432

434

FIG. 36

430

SEIS Form Writer by 4GL - Microsoft Internet Explorer

Student: EIGHT FORMS ID: 80899 Admin | Return to last search | Select new student | Logout

*** Special Ed** Intervention

Meeting | Events Student Profile

Details Compliance: ☐ Check

06/10/2002 [Draft] 442 ▶ * ADD EVENT TO THIS MEETING

Check: PASSED ☐ Lock

☐ Clear Window

EXEC ListMeetingForm 51,1,0,1
IEPT Post-Initial Delete Event

	Form Name	Form Rule	Form Status
✓	Notice Of Meeting (06/10/2002) <input type="checkbox"/> Lock	Required	Compliant
✓	IEPT Report Pages 1 & 2	Required	Compliant
✓	IEPT Report Pages 2 & 4	Required	Compliant
✓	IEPT Report Pages 5 & 6	Required	Compliant

FIG. 37

440

* Special Ed

Meeting | Events

Student Profile

Details

03/25/2002 [Released

Functional Behavior Assessment (only)




	Form Name	Form Rule	Form Status
	<u>DEC Prior Notice/Invitation (03/25/2002)</u>	Optional	Released
	<u>Functional Behavior Assessment</u>	Required	Released
	<u>SETS Datasheet #2</u>	Required	Non-Compliant

FIG. 39

Student: **AMY FORMS** ID: **4566000** Admin | [Return to last search](#) | [Select new student](#) | [Logout](#)

[Meeting | Events](#) | [Student Profile](#)

[Details](#)

04/08/2002 [Released]

474

Form Name	Form Rule	Form Status
DEC Prior Notice/Invitation (04/08/2002)	◆ Required	Released
DEC 3 RAT	◆ Required	Released
DEC 2	◆ Required	Released
* SETS Meeting Datasheet	◆ Required	Non-Compliant
Re-Evaluation		
DEC 3	◆ Required	Released
DEC 5 Prior Notice	◆ Required	Released
Annual Review		
DEC 4 Page 1 - Special Factors	◆ Required	Released
DEC 4 Page 2 - Goal Page #1 - Money	○ Optional	Released
DEC 4 Page 3 - Service Delivery	◆ Required	Released
DEC 4 Page 4 - Signature	◆ Required	Released
Transition Statement / Plan	◆ Required	Released
Transition Plan Page 2	◆ Required	Released
Progress Report	◆ Required	blank form
* SETS IEP Datasheet	◆ Required	Non-Compliant

472

FIG. 40

470

482

SETS Form Writer by 4GL - Microsoft Internet Explorer

Admin | [Return to last search](#) | [Select new student](#) | [Logout](#)

Student: EIGHT FORMS ID: 80899

* Special Ed

Intervention

Meeting Events

Student Profile

Details

Compliance: ☐ Check

06/10/2002 [Draft]

Check: PASSED ☐ Lock

Clear Window

EXEC ListMeetingForm 51,1,0, 1
 IEPT Post-Initial

Form Name

Form Rule

Form Status

✓ Notice Of Meeting (06/10/2002) <input type="checkbox"/> Lock	◆ Required	Compliant
✓ IEPT Report Pages 1 & 2	◆ Required	Compliant
✓ IEPT Report Pages 2 & 4	◆ Required	Compliant
✓ IEPT Report Pages 5 & 6	◆ Required	Compliant

[Delete Event](#)

FIG. 41

480

Admin | [Return to last search](#) | [Select new student](#) | [User Guide](#) | [Logout](#)

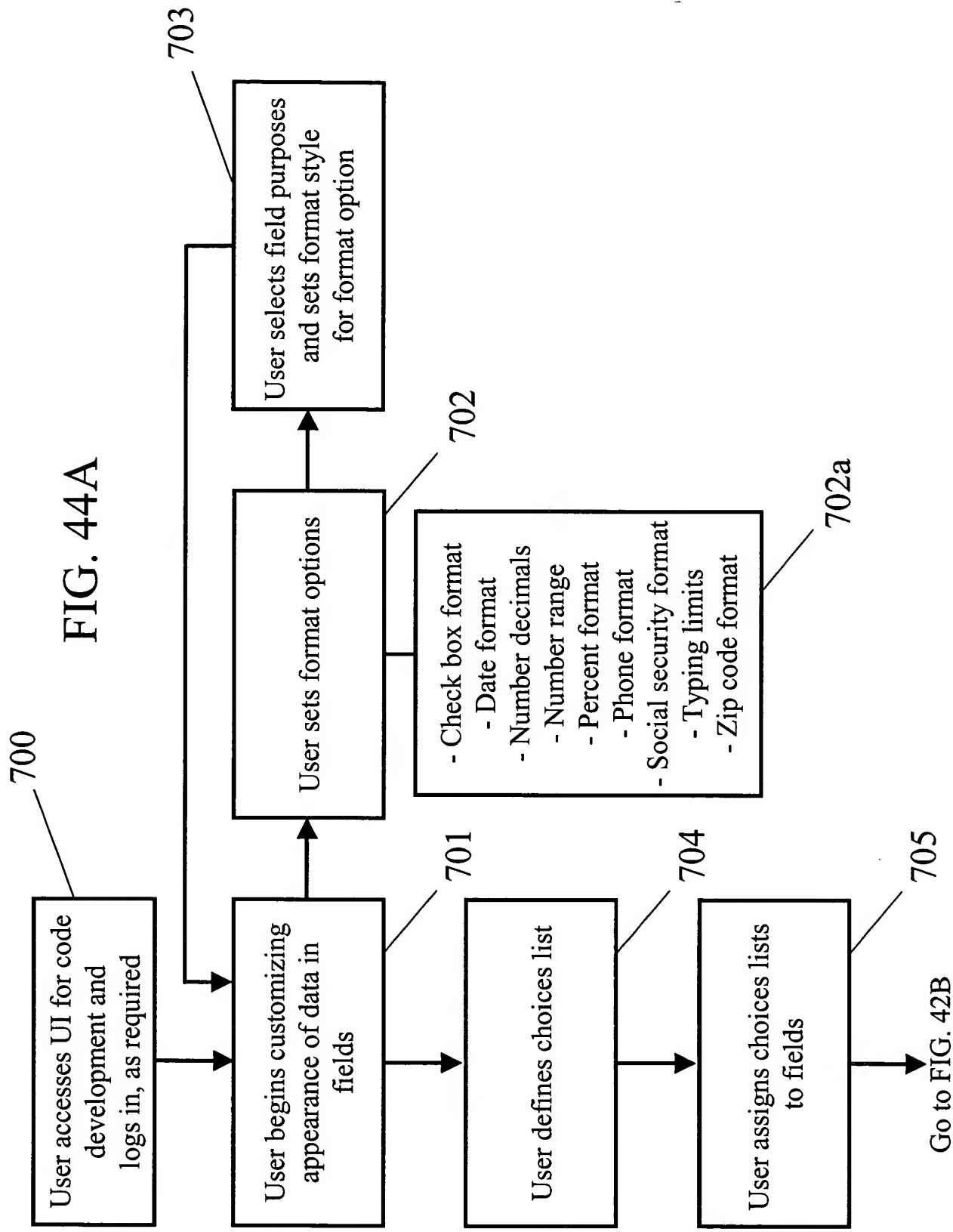
Compliance: <input type="checkbox"/> Check

▶ * [ADD EVENT TO THIS MEETING](#)

FIG. 42

* Special Ed			
Meetings / Events	Student Profile	Access Log	
Details			
06/30/2003 [Draft]			
<p>Check: FAILED</p> <ol style="list-style-type: none"> 1. PK DEC 3 is not compliant. 2. DEC Prior Notice/Invitation - must be locked individually before locking entire set. 3. PK DEC 4 Page 3 is not compliant. 4. PK DEC 4 Page 4 - Signature is not compliant. 5. BIP - Behavioral Intervention Plan is not compliant. 6. DEC 5 Prior Notice is not compliant. 7. DEC 6 is not compliant. 8. DEC Prior Notice/Invitation - must be locked individually before locking entire set. 9. Because you selected [Student requires assistive technology devices] on DEC4_1, ASSISTIVE TECHNOLOGY must be reflected on a Goal Page. [DEC4_2] 10. Because you selected [Student has special Communication needs in DEC4_1]. You must fill out a COMMUNICATION goal page. [DEC4_2] 11. Because you selected [Student has behavioral problems] in DEC4 Page 1. You are required to fill out a BIP - Behavioral Intervention Plan. [BIP] 12. Because you selected [Student impedes the learning of others] in DEC4_1. You must fill out a BEHAVIOR Goal Page. [DEC4_2] 13. DEC 4 Page 2 - Goal Page #1 for Behavior is not complete. <p> Clear Window</p>			

FIG. 43



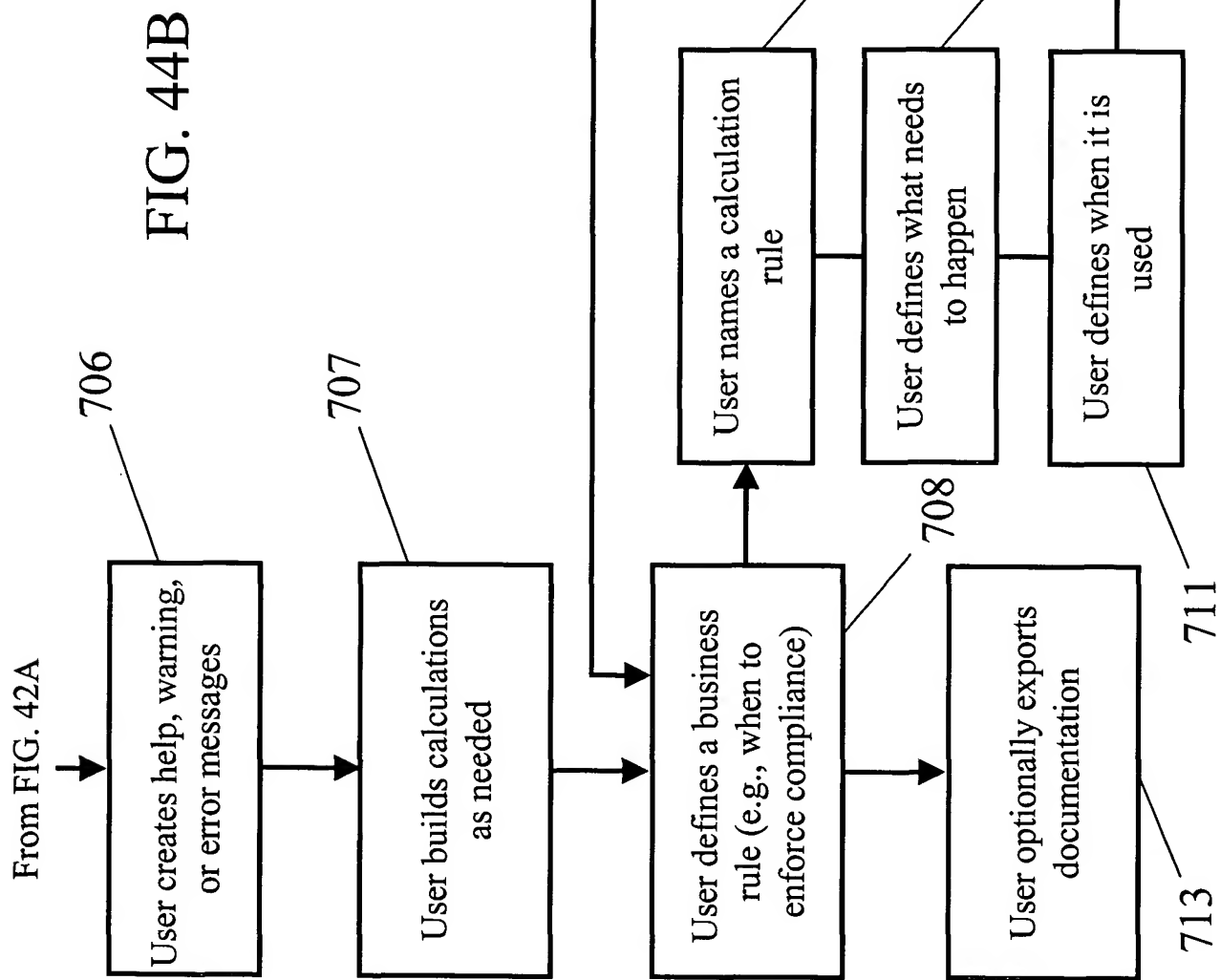


FIG. 45

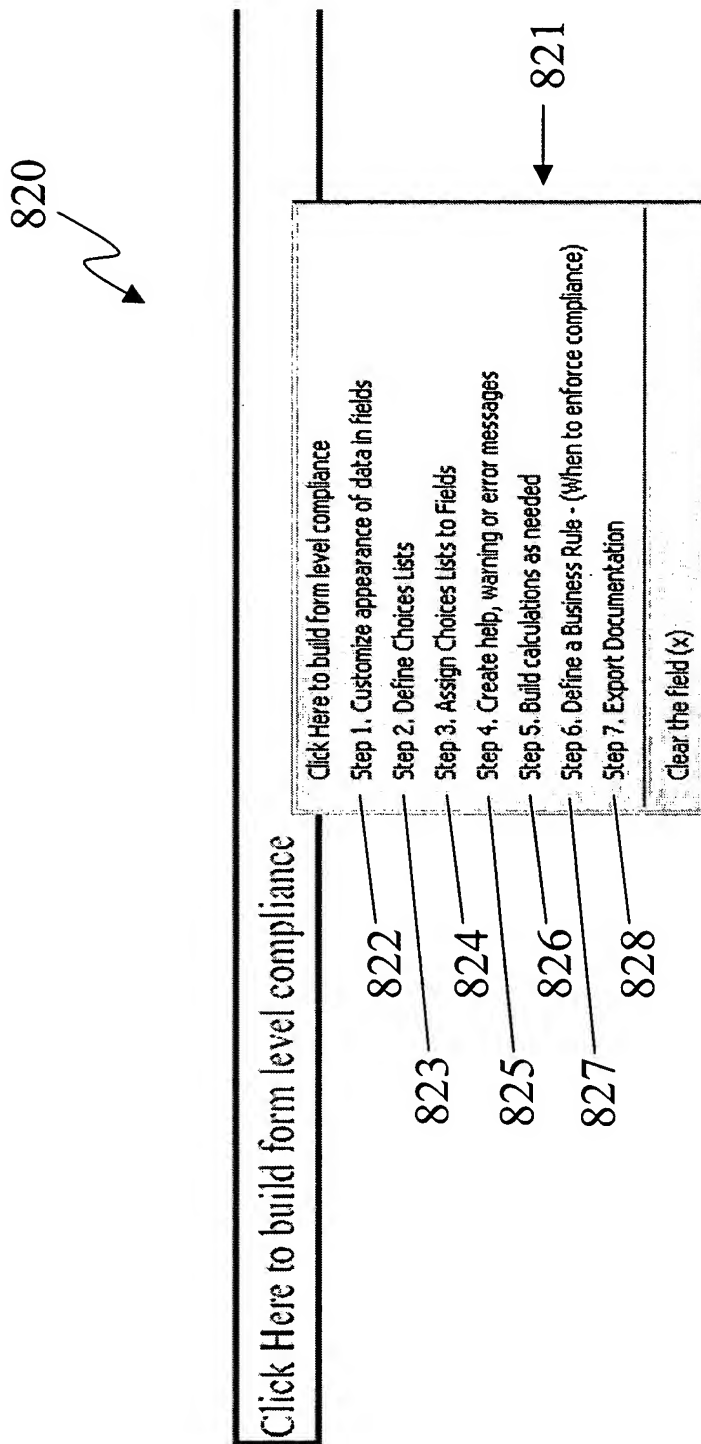


FIG. 46

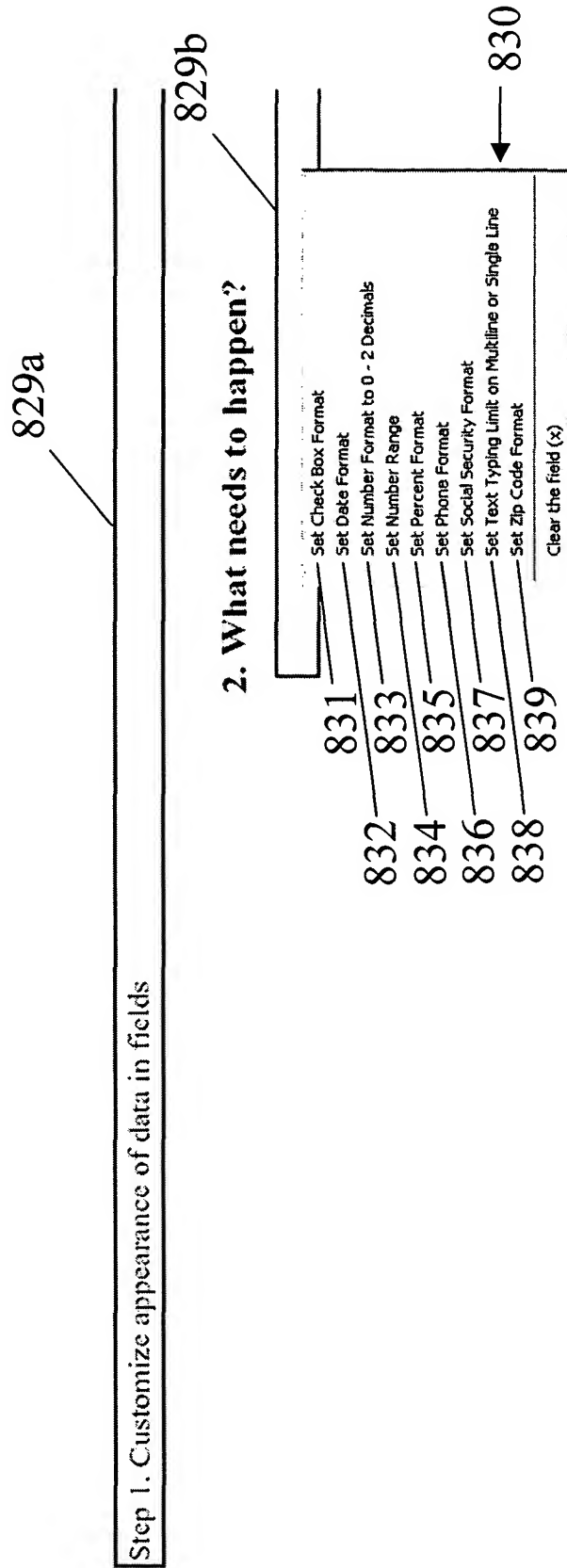


FIG. 47

840

Step 1. Customize appearance of data in fields

2. What needs to happen?

Set Check Box Format

Select CheckBox Fields

Purpose1

Set Check Style to

star

Check
Cross
Diamond
Circle
Star
Square
Other
Clear the field (x)

Purpose2
Purpose3
Purpose4
Purpose5
Purpose6
Purpose7
Purpose8
Purpose9
Clear the field (x)
Erase Last Choice (z)

Do it

841

842

843

FIG. 48

850

Step 1. Customize appearance of data in fields

2. What needs to happen?

Set Date Format

Select Date Fields

Team Mtg Date

Set Date Format to

1/2001
2/2/2002
Mar 3, 2003
Apr 4, 2004 Fri
May 5, 2005 Friday
June 6, 2006
July 7, 2007 Fri
August 8, 2008 Friday
Other

851

FIG. 49

860

Step 2. Define Choices Lists

Optional: Build a Choices List

Schools

aka ChoicesList02

Meeting Reasons

Schools

Gender

Click to Name ChoicesList 04

Click to Name ChoicesList 05

Click to Name ChoicesList 06

Click to Name ChoicesList 07

Click to Name ChoicesList 08

Add or Modify List

Sort Choices Lists

Clear All Choices

Boulder High

Cherry Creek Elementary

Arapaho Middle

Rocky Mountain High

Choices Description (to Display in Popup)

Cherry Creek Elementary

Choices Value (The result that saves to the field)

School 23

Add or Modify Choice

Sort Choices

Delete Choice

Do it

FIG. 50

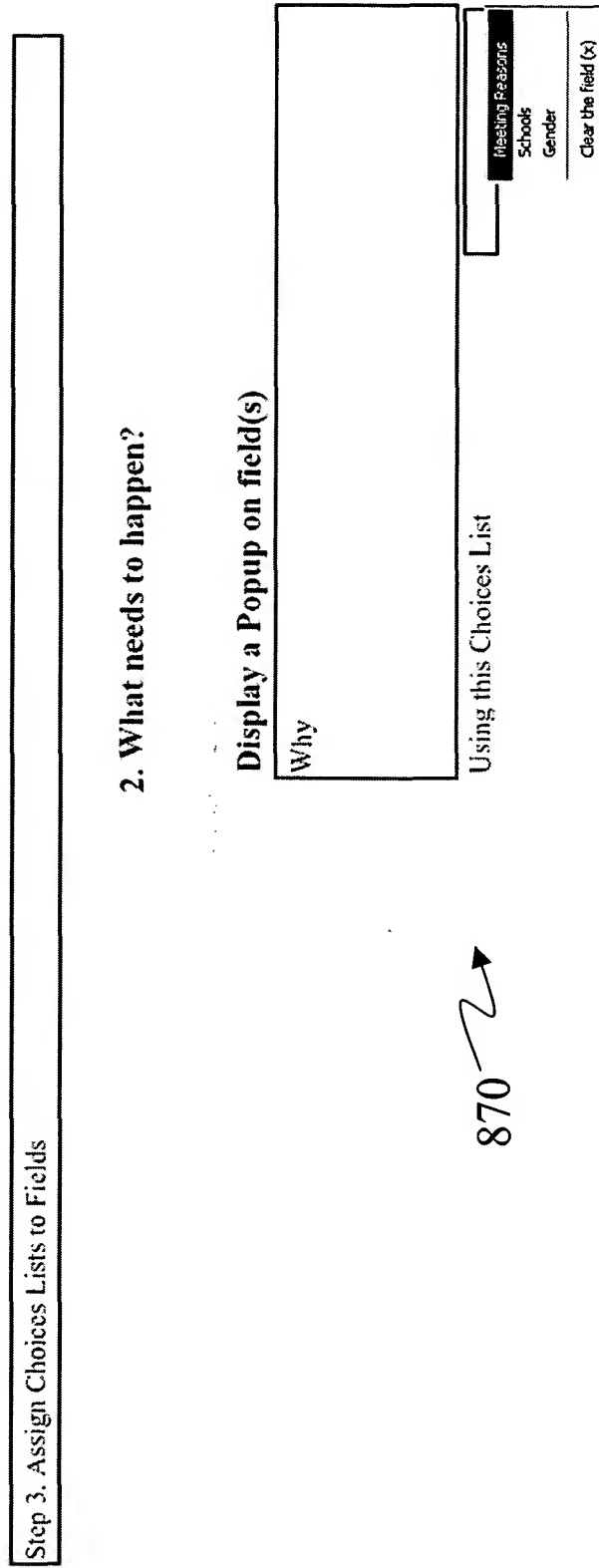


FIG. 51

880

Step 4. Create help, warning or error messages

883

Select a message below to modify

Team Meeting Message aka Rule02

Purpose Of Meeting
Team Meeting Message
Click to Name Rule 03
Click to Name Rule 04
Click to Name Rule 05
Click to Name Rule 06

Update Rule Name

Clear All Rules

Choose fields to apply the message to

Save

Attach message to field(s)

Hearing Left

When to fire business logic
Message Part 1
Field or Calculation Result
Insert Value
Message Part 2
Field or Calculation Result
Insert Value
Message Part 3
Field or Calculation Result
Insert Value

Validate
Meeting on
Field
Purpose1
complete by
Field
Team Mtg Date

881

882

FIG. 52

890

894

Step 5. Build calculations as needed

Name a Calculation Rule Below

ReturnThe Day of The Week

aka Rule03

Purpose Of Meeting
Team Meeting Message

ReturnThe Day of The Week

Click to Name Rule 04

Click to Name Rule 05

Click to Name Rule 06

Update Rule Name

Clear All Rules

2. What needs to happen?

Return the day of the week i.e. Monday for a given date

Add or Subtract Days, Weeks, Months, Years from a Date

Return the Difference Between 2 Dates as a whole number of days

Return the day of the week i.e. Monday for a given date

Is a Date Inside, Before, or After a Date Range i.e. Start to End Date

Clear the field (x)

Choose a Date From

Team Mtg Date

893

892

891

FIG. 53

900

902

Step 6. Define a Business Rule - (When to enforce compliance)

2. What needs to happen?

1 Field Controls itself and a target group of fields

Group to change

Address, City State Zip

Purpose: I

Invitation required

required

visible same

optional

visible same

901

Document All Fields

Clear Documentation

Auto Create Field Labels

Get Tables

Export Documentation

Name a Calculation Rule Below

Purpose Of Meeting aka Rule 01

Purpose Of Meeting

Team Meeting Message

Return The Day of The Week

Click to Name Rule 04

Click to Name Rule 05

Click to Name Rule 06

Update Rule Name

Clear All Rules

3. When is it used?

When the checkbox Health Care1 is Checked Rule is Done aka

Check Box Field

Health Care1

is

Checked

Condition 01

Rule is Done

When the checkbox Health Care1 is Checked Rule is Done

Click to Name Condition 02

Click to Name Condition 03

Click to Name Condition 04

Click to Name Condition 05

Click to Name Condition 06

Automatic Specification Documentation

Group to change Address, City State Zip. If Control Field Purpose1 has the value Invitation Set Control Color to required Set Group Color to required Set Group Visibility to visible Set Group Value to same Else Set Control Color to optional And Set

Define Business logic

Add or Modify Condition

904

902

FIG. 54

2. What needs to happen?

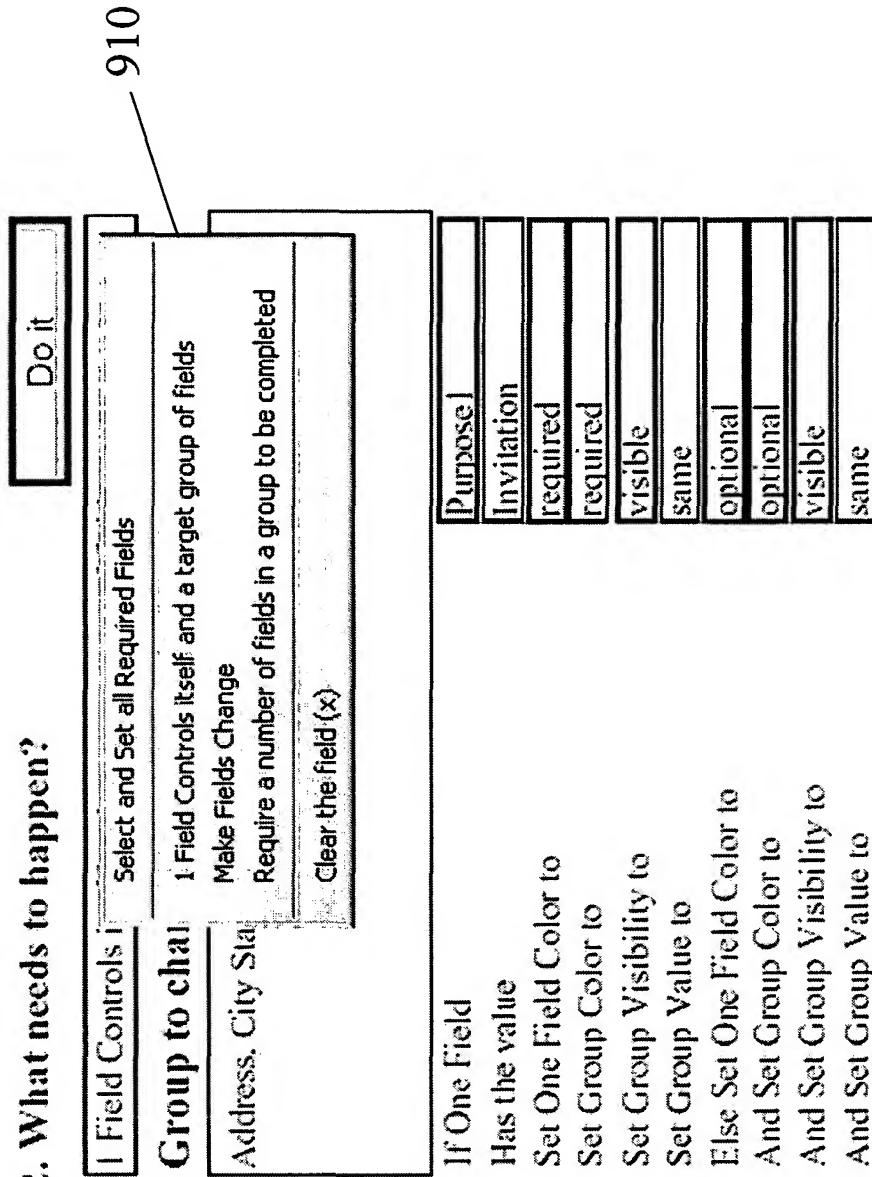


FIG. 55

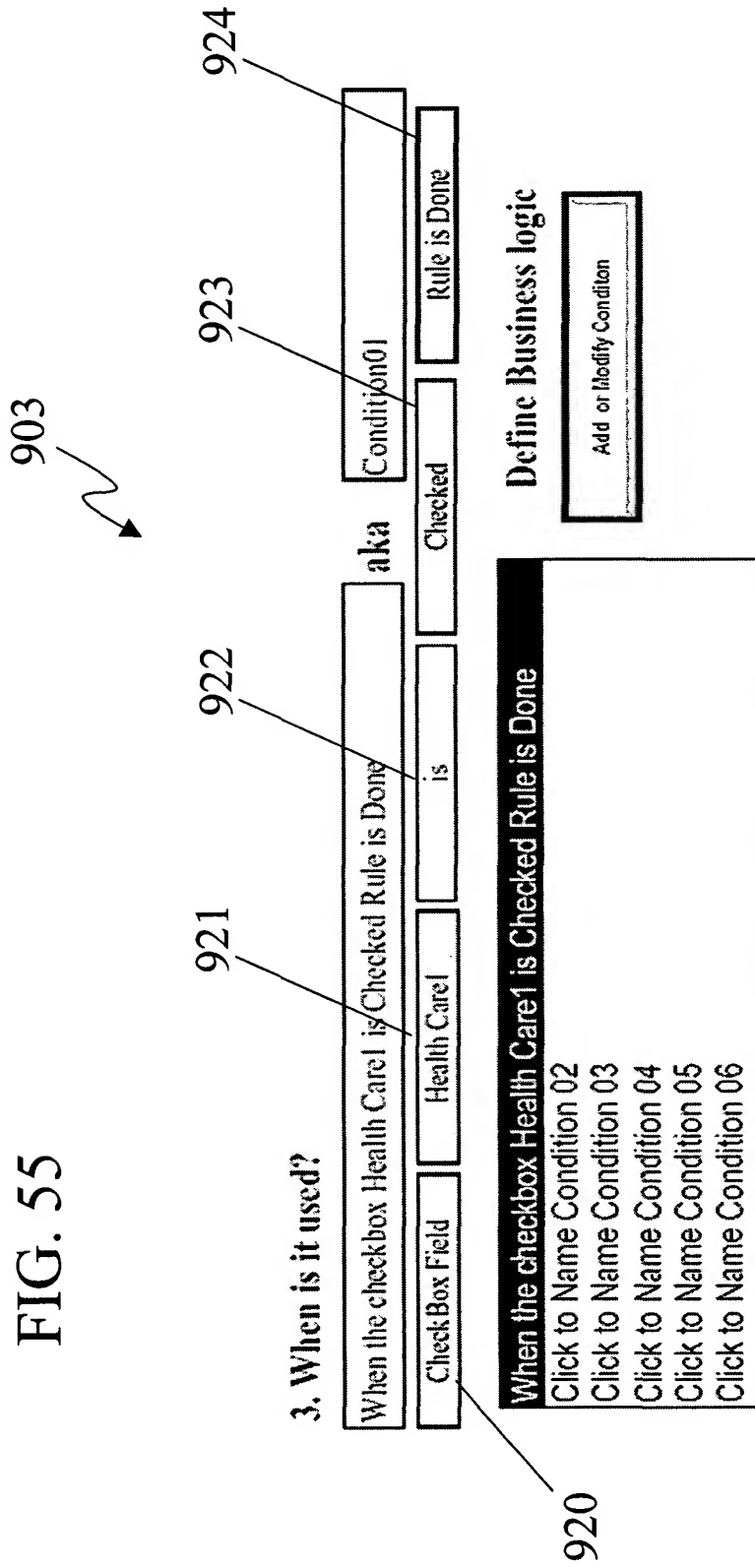


FIG. 56

904

930

Automatic Specification Documentation

Group to change Address, City State Zip. If Control Field Purpose I has the value Invitation Set Control Color to required Set Group Color to required Set Group Visibility to visible Set Group Value to same Else Set Control Color to optional And Set Group Color to optional And Set Group Visibility to visible And Set Group Value to same

Javascript Created

ObjectControls({ TargetObjectArrayOrPrefix:

```
[ostrAddress,ostrCityStateZip],ControllingField:ochkPurposeI,TheControlValue:"Invitation",ControlColorIfTrue:"required",TargetColorIfTrue:"required",TargetDisplayIfTrue:"visible",TargetValueIfTrue:"same",ControlColorIfFalse:"optional",TargetColorIfFalse:"visible",TargetValueIfFalse:"same"
})
```

931

FIG. 57

940

Step 7. Export Documentation

942

■ color as completed.

Document All Fields
Clear Documentation

Auto Create Field Labels
Get Tables

Export Documentation

941

FIG. 58

Microsoft Excel - David's Spreadsheet (Read Only)															
Type a question for help															
File Edit View Insert Format Tools Data Window Help															
100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100% 100%															
Handwriting Drawing Pad															
AI															
A B C D E F G H I J K L M N O P															
1	Label	Field Name	Type	Size	Default Status	SETS	Multiline or Single Line	Check Box Style	Visibility	ACL Field Type	Master Field				
2	Health Care1	chkHealthCare1	checkbox	NA	Yellow		NA	checkbox	Visible	Check Box					
3	Health Care2	chkHealthCare2	checkbox	NA	Yellow		NA	checkbox	Visible	Check Box					
4	Medical1	chkMedical1	checkbox	NA	Purple		NA	checkbox	Visible	Check Box					
5	Medical2	chkMedical2	checkbox	NA	Purple		NA	checkbox	Visible	Check Box					
6	Evaluation10	dtEvaluation10	text	12	Purple		Single		Visible	Date					
7	Evaluation11	dtEvaluation11	text	12	Purple		Single		Visible	Date					
8	Evaluation12	dtEvaluation12	text	12	Purple		Single		Visible	Date					
9	Evaluation13	dtEvaluation13	text	12	Purple		Single		Visible	Date					
10	Evaluation14	dtEvaluation14	text	12	Purple		Single		Visible	Date					
11	Evaluation7	dtEvaluation7	text	23	Purple		Single		Visible	Date					
12	Evaluation8	dtEvaluation8	text	23	Purple		Single		Visible	Date					
13	Evaluation9	dtEvaluation9	text	23	Purple		Single		Visible	Date					
14	Team Mng Date	dtMSTR_TeamMngDate	text	23	Yellow		Single		Visible	Date					
15	Status Id	dtMSTR_StatusId	text	23	Yellow		Single		Visible	Date					
16	Meeting Type Id All	dtMSTR_MeetingTypeIdAll	text	13	Yellow		Single		Hidden	Date					
17	Diagnosis	strDiagnosis	text	45	Yellow		Single		Hidden	Date					
18	Evaluation10	strEvaluation10	text	17	Yellow		Single		Visible	Single Line Text					
19	Evaluation11	strEvaluation11	text	17	Yellow		Single		Visible	Single Line Text					
20	Evaluation12	strEvaluation12	text	17	Purple		Single		Visible	Single Line Text					
21	Evaluation13	strEvaluation13	text	17	Purple		Single		Hidden	Single Line Text					
22	Evaluation14	strEvaluation14	text	17	Yellow		Single		Hidden	Single Line Text					
23	Evaluation7	strEvaluation7	text	19	Purple		Single		Visible	Single Line Text					
24	Evaluation8	strEvaluation8	text	19	Yellow		Single		Visible	Single Line Text					
25	Evaluation9	strEvaluation9	text	19	Yellow		Single		Hidden	Single Line Text					
26	Hearing Left	strHearingLeft	text	14	Purple		Single		Visible	Single Line Text					
27	Hearing Right	strHearingRight	text	17	Yellow		Single		Visible	Single Line Text					
28	Interpreter10	strInterpreter10	text	19	Purple		Single		Visible	Single Line Text					
29	Interpreter11	strInterpreter11	text	18	Yellow		Single		Visible	Single Line Text					
30	Interpreter12	strInterpreter12	text	18	Yellow		Single		Visible	Single Line Text					
31	Interpreter13	strInterpreter13	text	19	Purple		Single		Visible	Single Line Text					
32	Interpreter14	strInterpreter14	text	19	Purple		Single		Visible	Single Line Text					
33	Interpreter7	strInterpreter7	text	27	Purple		Single		Visible	Single Line Text					
34	Interpreter8	strInterpreter8	text	27	Yellow		Single		Visible	Single Line Text					
35	Interpreter9	strInterpreter9	text	27	Yellow		Single		Visible	Single Line Text					
36	Language Of Eval3	strLanguageOfEval3	text	61	Yellow		Single		Visible	Single Line Text					
37	Language Of Eval4	strLanguageOfEval4	text	61	Yellow		Single		Visible	Single Line Text					
38	Location Of Plan	strLocationOfPlan	text	61	Yellow		Single		Visible	Single Line Text					
39	Physician Name	strPhysicianName	text	51	Yellow		Single		Visible	Single Line Text					
40	Score10	strScore10	text	9	Purple		Single		Visible	Single Line Text					
41	Score11	strScore11	text	9	Purple		Single		Visible	Single Line Text					
42	Score12	strScore12	text	9	Purple		Single		Visible	Single Line Text					
43	Score13	strScore13	text	9	Purple		Single		Visible	Single Line Text					
44	Score14	strScore14	text	9	Purple		Single		Visible	Single Line Text					
45	Score7	strScore7	text	23	Purple		Single		Visible	Single Line Text					
46	Score8	strScore8	text	23	Purple		Single		Visible	Single Line Text					
47	Score9	strScore9	text	23	Yellow		Single		Visible	Single Line Text					
48	Severity10	strSeverity10	text	23	Yellow		Single		Visible	Single Line Text					
49	Severity11	strSeverity11	text	13	Purple		Single		Visible	Single Line Text					
50	Severity12	strSeverity12	text	13	Purple		Single		Visible	Single Line Text					

Ready



FIG. 60A

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES</u>		<u>FEDERAL REGISTER</u>
					<u>MANUAL</u>		
<u>INVITATION</u>	Modified day checkbox	X					
	Transition to school age checkbox	X			.1501 Q		
	Purpose -change in educational placement	X			.1507 E (2)		300.345 (B) (1) (i)
	Date	X		X			300.345
	Student Invitation	X	X		.1504 B (7)		300.345 (b) (2) (3)
	Time				.1507 E (1)&(2)		300.345(b)(1)(i)
	Location				.1507 E (2)		300.345(b)(1)(i)
	Attendees	X			.1504 B		300.344
							Appendix A # 7

FIG. 60B

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES</u>		<u>FEDERAL REGISTER</u>
					<u>MANUAL</u>		
IEP DEC 4_1	IEP Duration Dates	X			.1507 C(7) & G(1)		300.347 (a) (6)
	Student's Disability				.1507 A		300.347 (a)
	# of Disabilities				.1501 A		300.7 (b) & (c)
	Specific Factors				.1507 B(2)		300.346 (a) (2)
	- student strengths				.1507 B(1)(a)		300.346 (a)(1)(i)
	- parent concerns				.1507 B(1)(a)		300.346 (a)(1)(i)
	- behaviors impede	X	X		.1507 B(2)(a)		300.346 (a)(2)(i) 300.346 (c)
	- limited English			X	.1507 B(2)(b)		300.346 (a)(2)(ii)
	- use of Braille				.1507 B(2)(c)		300.346 (a)(2)(iii)
	- communication needs	X	X		.1507 B(2)(d)		300.346 (a)(2)(iv)
	- deaf or hard of hearing	X		X	.1507 B(2)(d)		300.346 (a)(2)(iv)
	- assistive technology	X	X		.1507 B(2)(e)		300.346 (a)(2)(v)

FIG. 60C

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES MANUAL</u>	<u>FEDERAL REGISTER</u>
	Other Factors					
	- Adaptive Physical Education	X		X	.1501 B	300.307
	- 17 and informed of rights	X		X	.1512 R	300.347(c)
	- Transition	X		X	.1507 C(8) & (9)	300.347 (b)
DEC 4 Attachment	Special Factors to Be Considered For a Student Who is Deaf or Hard of Hearing	X			.1507 B(2)(d)	300.346 (a)(2)(iv)
	- language and communications skills				.1507 B(2)(d)	300.346 (a)(2)(iv)
	- opportunities for direct communication with peers and professional personnel in the student's language communication mode				.1507 B(2)(d)	300.346 (a)(2)(iv)
	- academic levels				.1507 B(2)(d)	300.346 (a)(2)(iv)
	- full range of needs, including direct instruction in the student's language and communication mode				.1507 B(2)(d)	300.346 (a)(2)(iv)
DEC 4_2	Present Level of Performance					
	Specific Need		X		.1507 C(1)	300.347 (a)(1)
	Annual Goal				.1507 C(2)	300.347 (a)(2)
	Objectives/Benchmarks	X	X		.1507 C(2)	300.347 (a)(2)
	Measures of Progress	X	X		.1507 (12)(a)	300.347 (a)(7)(i)

FIG. 60D

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES</u>		<u>FEDERAL REGISTER</u>
					<u>MANUAL</u>		
DEC 4 _3	Appropriate supplementary aids1507 C(3)		300.347 (a)(3)
	Regular Program Participation				.1507 C(3)(b)		300.347 (a)(3)(ii)
	Testing Program	X	X		.1507 C(5) & (6)		300.347(a)(5)(i)(ii)
DEC 4 _4	Anticipated Frequency and Location of Special Education and Related Services				.1507 C(7)		300.347 (a)(6)
	- related services	X			.1501 L		300.24
	Change in Placement checkbox	X					
	Modified Day checkbox	X					
	4 Period HS checkbox	X					
	Continuum of Alternative Placements	X	X	X	.1510 D		300.551
	The extent the student will be removed from regular peers				.1507 C(4)		300.347(a)(4) Appendix A #1

FIG. 60E

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES MANUAL</u>	<u>FEDERAL REGISTER</u>
	How and When parents will be informed of student's progress toward annual goals	X	X		.1507 (12)(b)	300.347(a)(7)(ii)
	ESY	X		X	.1507 D	300.309
	IEP Team Signatures	X		X	.1504 B	300.344
Transition	14+ years =statement	X	X		.1507 Q(8)	300.347(b)(1)
	16+ years = plan	X	X		.1507 Q(9)	300.347(b)(2)

FIG. 60F

FORM	FORM NAME / FIELD	Automated Compliance	WS/FCS	NC Page Directions	STATE PROCEDURES MANUAL	FEDERAL REGISTER
Transition page 1	Transition Statement					
	Present level of Performance for Transition (preferences and interest)				.1501 P	300.29
	Where and how info was obtained		X			
	Desired Post-School Outcomes				.1501 P	300.29
	Standard Course of Study				.1501 P	300.29
Transition Page 2	Transition Plan (combined w/page 1)					
	Instruction				.1501 P	300.29
	Employment Functional Vocational Evaluation				.1501 P	300.29
	Community Experiences				.1501 P	300.29
	Daily Living Skills/Adult Living				.1501 P	300.29
	Related Services				.1501 P	300.29
	- yes/no fields for each area		X			
	- services needed for each area				.1507 C(8)	300.347(b)(1)
	- agency responsible for each area				.1507 C(9)	300.347(b)(2)
	Behavior Intervention Plan	X			.1507 B(2)(a) .1516 D(2)	300.346 (c) Appendix A #38
BIP						
PK Dec 4_3	For preschool children describe how the child is involved in a regular program:			X		300.347(a)(1)(ii) &(a)(2)(i)
	Anticipated Frequency and Location of Time...				.1507 C(7)	300.347(a)(6)
	Continuum of Alternative Placements				.1510 F	300.551
	The extent to which the student will be removed from regular peers, if any.				.1507 C(4)	300.347(a)(4) Appendix A #1

FIG. 60G

FORM	FORM NAME / FIELD	Automated Compliance	WSFCS	No Page Directions	STATE PROCEDURES MANUAL	FEDERAL REGISTER
PK DEC 4_4	How and When parents will be informed of student's progress and annual goals	X	X		1507 C(12)(b)	300.347(a)(7)(b)
	ESY	X		X	1507 D	300.306
	IEP Team Signatures	X		X	1508 B	300.344
	Progress Report	X			1507 C(12) (b)	300.347(a)(7)(b)
WSFCS' Progress Report						
RE 1	Parent Contact Record Classroom Observation			X	BED 1505 D(1)(a)(v)(ii) LD 1505 D 8(b)(V)(ii)	
RE 1(a)	Attendance/Grades Previous Testing Health Screening Vision/Hearing Screening			X	BED 1505 D(1)(a)(v)(vii) LD 1505 D 8(b)(v)(v)(vii)	
RE 1(b)	Intervention Strategies			X	BED 1505 D(1)(a)(i) LD 1505 D 8(b)(i)	
RE 1(c)	Referral Committee Decision Referral Committee Members			X	BED 1505 D(1)(b)(i)(e)(ii)	

FIG. 60H

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES MANUAL</u>	<u>FEDERAL REGISTER</u>
RE 2	Parental Notification of Screening Procedures			X	.1501 M	
RE 2(a)	Parent Consent for Individual Screening(s)		X			
DEC 1 page 1&2 and PK DEC 1 page 1&2	Reason for Referral Strengths Needs	X			.1503	
	Referral Received Date	X		X	.1505 F(3)	
DEC 1_3 and PK DEC 1_3	Referral Committee Decision			X		
DEC 2	Consent for Evaluation/Reevaluation		X		.1505 A .1512 C(2) .1506 E	300.505
	Description of evaluation procedures Parent Absent button				.1505 A (1)	300.500(b)(1)(i)
DEC 3/RAT	Report for Additional Testing / Reevaluation Review	X				
			X		.1506 A & B	

FIG. 60I

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES</u>	
					<u>MANUAL</u>	<u>FEDERAL REGISTER</u>
DEC 3 and PK DEC 3	Summary of Evaluation Results And Eligibility Determination Under Check Purpose				.1505 F(2)	300.534
	Initial Evaluation	X				
	- Suspected Category	X			.1505 E	
	Reevaluation	X	X			
	- Suspected Category	X	X			
	Change in Category	X				
	- Suspected Category	X			.1505 E	
	- Current Category	X	X			
	Exit SLI (Articulation)					

FIG. 60J

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES MANUAL</u>	<u>FEDERAL REGISTER</u>
	Related Service	X				
	Additional Assessment	X	X			
	Exit PT, OT, Artic.	X				
	Eligibility Statement	X				300.535
DEC 3 (a)	Eligibility Report/Specific Learning Disabilities				.1505 D(8)(d)(e)	300.543
	Ability Achievement Discrepancy	X			.1505 D(8)(c)(iii)	
	Information Processing				.1505 D(8)(e)(iii)a	300.543 (a)(4)
	Substantial Learning Difficulties				.1505 D(8)(e)(iii)c	300.543 (a)(6)
	Relevant Medical Findings				.1505 D(8)(e)(iii)b	300.543 (a)(5)
	Effects of environmental, cultural, or economic disadvantage.				.1505 D(8)(e)(iii)e	300.543 (a)(7)
	Relevant Behaviors noted during observation			X	.1505 D(8)(e)(iii)a	300.543 (a)(3)
	Does the student have a learning disability?				.1505 D(8)(e)(iii)f	300.543 (a)(1)

FIG. 60K

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES MANUAL</u>	<u>FEDERAL REGISTER</u>
DEC 3 (b)	Eligibility Report/Behaviorally Emotionally Disabled A student must show evidence of one or more of the following characteristics of the Definition of BED.... A student must meet all 5 criteria listed below in order to...				.1501 A(2) .1505 D(1)(d)	300.7(c)(4)
DEC 3 (c)	Eligibility Report/Other Health Impaired Strength/Vitality/Alertness Behaviors adversely affecting educational performance				.1501 A(8) .1501 A(8)	300.7(c)(9) 300.7(c)(9)(ii)
DEC 5	Prior Written Notice Description of the action proposed Explanation of the action proposed Options rejected Description of evaluations and other relevant factors Sources for parents to contact				.1512 D .1512 D (1) (a) .1512 D (1)(b) .1512 D (1)(c) .1512 D (1)(d)(e) .1512 D (1)(f) .1512 D (1)(f)	300.503 300.503 (b)(1) 300.503 (b)(2) 300.503 (b)(3) 300.503 (b)(4)&(5) 300.503 (b)(6) 300.503 (b)(7)
DEC 6	Consent For Initial Placement For Special Education Services Parent Absent button	X			.1512 C(2)	300.505
DEC 7	Reevaluation Determination Form Review of existing evaluation data Summary of evaluations provided by parent Summary of classroom assessments and observations Summary of observations by teachers and service providers Is additional data needed to determine: - If the student continues to have a disability				.1506 .1506 A .1506 A(1) .1506 A(2) .1506 A(3)	300.533 300.533 (a)(1) 300.533 (a)(1)(i) 300.533 (a)(1)(ii) 300.533 (a)(1)(iii)

FIG. 60L

<u>FORM</u>	<u>FORM NAME / FIELD</u>	<u>Automated Compliance</u>	<u>WS/FCS</u>	<u>NC Page Directions</u>	<u>STATE PROCEDURES MANUAL</u>	<u>FEDERAL REGISTER</u>
	- Present levels of performance and needs				.1506	300.533 (a)(2)(ii)
	- Continued need for special education				.1506 C	300.533 (a)(2)(iii)
	- additions or modifications to special education				.1506	300.533 (a)(2)(iv)
	Determination of need for additional assessment				.1506 D	300.533(c)(d)
	Parent Request for additional assessment				.1506 E	300.533(d)(2)
FBA	Functional Behavior Assessment				.1516 D(2)	300.520(b)(1)
MDW	Manifestation Determination Worksheet				.1516 F & G	300.523 300.524
	Questions for Discussion					
	- IEP was appropriate				.1516 F(4)(b)(i)	300.523 (c)(2)(i)
	- Placement was appropriate				.1516 F(4)(b)(i)	300.523 (c)(2)(i)
	- Supplemental aids and related services were provided				.1516 F(4)(b)(i)	300.523 (c)(2)(i)
	- Appropriate BIP was implemented				.1516 F(4)(b)(i)	300.523 (c)(2)(i)
	- Student's disability did not impair the ability to understand consequences of the behavior				.1516 F(4)(b)(ii)	300.523 (c)(2)(ii)
	- Student's disability did not impair the ability to control the behavior				.1516 F(4)(b)(iii)	300.523 (c) (2)(iii)
	- Misconduct is Not a Manifestation				.1516 G	300.524 (a)
	- Misconduct is a Manifestation				.1516 F	300.523 (d)